

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			State Index No. 114	
County	Maricopa		County Registered No.	753
District	Mesa #3		Local Registrar's No.	60
Town	Mesa			
Or City				
No. _____ St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Adam William Clarkson</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX	Color or Race	SINGLE	DATE OF DEATH	
Male	White Indian	MARRIED	Sept 8 1915	
	Black Chinese	WIDOWED	(Month) (Day) (Year)	
	Mexican	OR DIVORCED		
DATE OF BIRTH			I hereby certify, that I attended deceased from Sept 8 1915 to Sept 8 1915; that I last saw him live on Sept 8 1915, and that death occurred on the date stated above at 10:45 P.M. The DISEASE or INJURY causing Death was as follows: <u>Pneumonia</u>	
AGE			(Duration) _____ yrs. _____ mos. _____ days	
68 yrs. 6 mos. 1 days hrs., or _____ min.			Was disease contracted in Arizona? <u>Yes</u>	
OCCUPATION			If not, where? _____	
(a) Trade, profession or particular kind of work <u>Farmer</u>			CONTRIBUTORY	
(b) General nature of industry, business, or establishment in which employed or (employer)			Sept 7 (Duration) _____ yrs. _____ mos. _____ days	
BIRTHPLACE			(Signed) <u>B. E. Drame</u>	
(State or country) <u>Richwood Ky.</u>			Sept 9 1915 (Address)	
PARENTS	NAME OF FATHER	<u>E. Smith Clarkson</u>	*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	BIRTHPLACE OF FATHER	<u>Ky.</u>	LENGTH OF RESIDENCE	
	MAIDEN NAME OF MOTHER	<u>Margie</u>	At place of death <u>1</u> yrs. <u>6</u> mos. <u>1</u> ds. In Arizona <u>1</u> yrs. <u>6</u> mos. <u>1</u> ds.	
	BIRTHPLACE OF MOTHER	<u>Virginia</u>	Former or Usual Residence <u>Missouri</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Filed <u>9/11/15</u> <u>J. E. Drame</u>	
(Informant) <u>Mrs. S. E. Drame</u>			Local Registrar	
(Address) <u>Mesa</u>			Filed <u>10-7-15</u> <u>A. B. Nichols</u>	
PLACE OF BURIAL OR REMOVAL			County Registrar	
<u>Mesa Ariz</u>				
DATE OF BURIAL OR REMOVAL				
<u>Sept 12 1915</u>				
UNDERTAKER				
<u>A. M. Smith</u>				
ADDRESS				
<u>Mesa Ariz</u>				